PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

11969/301

		CLAINS AS	1) (Column 2)				SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		19				Γ	RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		₩ minus 20=		*			X\$ 9=	1	OR	X\$18=		
INDEPENDENT CLAIMS			ろ minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=	135	OR	+270=	270
* If the difference in column 1 is			less than ze	ro, ente	r "0" in c	olumn 2	L	TOTAL	490	OR	TOTAL	1,-
CLAIMS AS AMENDED - (Column 1)								SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	** 0	20	= (X\$ 9=	. 1	OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	Z CLAIM	=		X40=	42	OR	X80=	
	1111011111202	NIATION OF IM	JETH LE DEI	LINDLIN	I OLAIM	<u> </u>	1	+135=	,	OR	+270=	
							L	TOTAL ADDIT. FEE	4210	ρR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	. _		, ,			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	**	20	=		X\$ 9=	36	OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	+ CLAIM	= ()	\prod	X40=		OR	X80=	
<u> </u>	THOTTRESE	IVIATION OF IVI	JETH LE DEF	·	- OEAIN		<u>ا</u> ا	+135=	(OR	+270=	
							L	TOTAL ODIT FEE	360	OR	TOTAL ADDIT. FEE	
		(Column_1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL ,FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u> =	┇┞	X40=	****	OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		⋏					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT. FEE		
		nber Previously Pa					er four	nd in the app	ropriate box	in co	lumn 1.	